

Change of Degree or Field

Office of Admission and Records

Student Information:

Last Name: _____ First Name: _____

CGU ID #254 - _____ Date of Birth: _____ / _____ / _____

▶ Approved changes will take effect no earlier than the start of the next semester.

Please complete this form, secure all necessary signatures and submit it to the Office of Admission and Records **prior** to the start of the semester in which you are proposing changes.

▶ **I, the student, request the proposed change below to be made to my academic program effective for the next semester of:**

(semester and year): _____

▶ **Proposed change:** please check the appropriate line pertaining to your request below

_____ **Change from a single degree to a dual degree.** *This request can only be accommodated before the completion of 16 units in the original degree program and must be accompanied by the Dual Degree Approval Form (available on the web).*

Current department and degree: _____

Proposed change: _____ (proposed first department & degree) _____ (proposed second department & degree)

_____ **Change from a dual degree to a single degree.**

Current departments and degrees: _____ (first) _____ (second)

Proposed change: _____ (proposed department and degree)

_____ **Change of field, degree or concentration.**

Current field / degree / concentration: _____

Proposed change: _____ (proposed field / degree / concentration)

Institutional Financial Aid *(to be completed by the academic department).* **Department Representative:** please complete this section to account for any changes resulting from a change to dual degree request for the semester/year (only) in which the change will occur:

Original Department: No Change Aid amount will change from: _____ to: _____ (dep't signature)

New Department: Aid amount will be : _____ (dep't signature)

Academic & Administrative Approvals:

▶ **Academic Advisors' Signatures:**

Previous/Current Advisor* : _____ field/degree _____ date

New Advisor** : _____ field/degree _____ date

▶ Deans' signatures are required when requesting a change from/to dual degree:

Dean of the School: _____ Date: _____

Dean of the School: _____ Date: _____

▶ **International Students:** All International students are required to obtain the signature of the International Student Coordinator in order for this form to be processed:

_____ Date: _____

 Student Signature: _____ Date: _____

For Office Use Only:

Approved by Director of Adm. and Records: _____ Effective for the semester of: _____

Recorded By Data Control: _____ Date: _____

Copy to: School/Department _____ Student _____